

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
FOR USE WITH FORM PTO-875)

SERIAL NO.
091787922

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	3	0				
5	10					
6	0	1				
7	6	0				
8	0	1				
9	10					
10	0	1				
11	10					
12	0	1				
13	10					
14	0	1				
15	10					
16	0	1				
17	10					
18	0	1				
19	10					
20	0	1				
21	10					
22	0	1				
23	10					
24	0	1				
25	10					
26	0	1				
27	10					
28	0	1				
29	10					
30	0	1				
31	10					
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48						
49						
50						
TOTAL IND.	1	1				
TOTAL DEP.	30					
TOTAL CLAIMS	31					

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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52					
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100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					